

RETURN TO:

COCONINO COUNTY ASSESSOR
110 E. CHERRY AVENUE
FLAGSTAFF, AZ 86001

**2015 STATE OF ARIZONA
PERSONAL PROPERTY STATEMENT**

CONFIDENTIAL

OWNER NAME AND ADDRESS:	PROVIDE CORRECTIONS FOR OWNERSHIP BELOW: DATE SOLD: _____
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IF NO ADDITIONS OR DELETIONS CHECK HERE ☐

ACCOUNT NUMBER	AREA CODE	BUSINESS NAME	MAIL DATE	DUE DATE 04/01/2015
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PHYSICAL LOCATION OF THE PERSONAL PROPERTY: PARCEL NUMBER:	PROVIDE CORRECTIONS FOR PHYSICAL LOCATION BELOW:
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BUSINESS:

START-UP DATE (AT THIS LOCATION) _____ PRODUCT OR SERVICE PROVIDED _____

BUSINESS STATUS: (PLEASE CHECK THE APPROPRIATE BOXES ONLY)

- ☐ NEW BUSINESS/ORGANIZATION
YOU MUST GIVE A COMPLETE ITEMIZED LISTING OF ALL PERSONAL PROPERTY. INDICATE INVENTORY DETAIL ON PAGE 2 IF NECESSARY.
- ☐ EXISTING BUSINESS ORGANIZATION
INDICATE ADDITIONS/DELETIONS ON PAGE 2 IF NECESSARY.
- ☐ PROPERTY CHANGED LOCATION TO _____ ON (DATE) _____

**** FOR AN ACCURATE ASSESSMENT, WE MUST HAVE A COMPLETE LISTING OF PERSONAL PROPERTY. ****

LISTING OF PERSONAL PROPERTY:

LIST ALL PERSONAL PROPERTY AS OF DECEMBER 31ST, USE PAGE 2 IF NECESSARY.

LINE #	YEAR	COMPLETE DESCRIPTION	ORIGINAL COST	LIFE
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E-Filed Asset List: Yes ☐ No ☐

(If Yes, then skip to Affirmation Section. If No, then complete ALL remaining sections.)

FOR ADDITIONS ONLY				
ASSET DESCRIPTION	YEAR ACQUIRED	NEW	USED	ORIGINAL COST
FOR DELETIONS ONLY				
ASSET DESCRIPTION	YEAR ACQUIRED	NEW	USED	ORIGINAL COST

LEASED, LOANED, OR RENTED PROPERTY (FURNITURE, SIGNS, ETC.) DECLARE PROPERTY OWNED BY OTHERS	
<input type="checkbox"/> IF YOU POSSESSED ANY LEASED, LOANED, OR RENTED MACHINERY, EQUIPMENT, FURNITURE, SIGNS, VENDING MACHINES, ETC. ON DECEMBER 31ST, CHECK THE BOX AND COMPLETE THE SECTION BELOW.	
OWNER/LESSOR'S NAME, ADDRESS, TELEPHONE	DESCRIPTION
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

AFFIRMATION OF PROPERTY STATEMENT AND CLAIM OF EXEMPTION

By signing below, I hereby affirm that this is a full, true, and complete statement of property that is claimed by, or that is in the possession or control of the undersigned, and it is verifiable from records and files of the above named business. The person whose signature is affixed below likewise claims an exemption amount not to exceed \$146,973 of full cash value. Each eligible taxpayer is entitled to one statewide exemption.

NAME OF COUNTY IN WHICH YOU ARE CLAIMING EXEMPTION

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)

PRINT NAME OF PROPERTY OWNER

* PRINT NAME OF PERSON SIGNING

SIGNATURE OF OWNER OR AUTHORIZED AGENT

DATE

PHONE NUMBER

E-MAIL ADDRESS

**PLEASE COMPLETE, SIGN AND RETURN TO THE ASSESSOR ON OR BEFORE 04/01/2015
KEEP ONE COPY FOR YOUR RECORDS**

* IF SIGNED BY AN AGENT, AN AGENCY AUTHORIZATION FORM DOR 82130AA IS REQUIRED AND MAY BE OBTAINED FROM THE ARIZONA DEPARTMENT OF REVENUE.

SUPPLEMENTAL INFORMATION ATTACHED?

YES ☐

NO ☐